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| SCC eFile | 2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION | 214549948 | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: MEDICAL SOCIETY OF NORTHERN VIRGINIA, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CLAUDIA M TELLEZ 7927 JONES BRANCH DR, SUITE 3150 MCLEAN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 8/31/2014</p> <p>SCC ID NO: 00942326</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div> | | | CLASS | AUTHORIZED | |
| CLASS | AUTHORIZED | | | | |
| <p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 7927 JONES BRANCH DRIVE SUITE 3150</p> <p style="text-align: center;">CITY/ST/ZIP: MCLEAN, VA 22102</p> | | | | | |
| <p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p> | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: NANCY TANCHEL MD TITLE: PRESIDENT ADDRESS: 8321 OLD COURTHOUSE ROAD SUITE 110 CITY/ST/ZIP/CO: VIENNA, VA 22182 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: NANCY TANCHEL MD TITLE: PRESIDENT ADDRESS: 8321 OLD COURTHOUSE ROAD SUITE 110 CITY/ST/ZIP/CO: VIENNA, VA 22182 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: NANCY TANCHEL MD TITLE: PRESIDENT ADDRESS: 8321 OLD COURTHOUSE ROAD SUITE 110 CITY/ST/ZIP/CO: VIENNA, VA 22182 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: SANDY L CHUNG MD TITLE: VICE PRESIDENT ADDRESS: 3650 JOSEPH SIEWICK DR #101 CITY/ST/ZIP/CO: FAIRFAX, VA 22033 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: SANDY L CHUNG MD TITLE: VICE PRESIDENT ADDRESS: 3650 JOSEPH SIEWICK DR #101 CITY/ST/ZIP/CO: FAIRFAX, VA 22033 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
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| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MICHAEL MARTIN TITLE: TREASURER ADDRESS: 100 EAST STREET SUITE 301 CITY/ST/ZIP/CO: VIENNA, VA 22180 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: MICHAEL MARTIN TITLE: TREASURER ADDRESS: 100 EAST STREET SUITE 301 CITY/ST/ZIP/CO: VIENNA, VA 22180 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: MICHAEL MARTIN TITLE: TREASURER ADDRESS: 100 EAST STREET SUITE 301 CITY/ST/ZIP/CO: VIENNA, VA 22180 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JACK AYOUB MD TITLE: DIRECTOR ADDRESS: 44035 RIVERSIDE PARKWAY SUITE 435 CITY/ST/ZIP/CO: LEESBURG, VA 20176 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: JACK AYOUB MD TITLE: DIRECTOR ADDRESS: 44035 RIVERSIDE PARKWAY SUITE 435 CITY/ST/ZIP/CO: LEESBURG, VA 20176 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: JACK AYOUB MD TITLE: DIRECTOR ADDRESS: 44035 RIVERSIDE PARKWAY SUITE 435 CITY/ST/ZIP/CO: LEESBURG, VA 20176 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DAVID K CHOW MD TITLE: DIRECTOR ADDRESS: 1830 TOWN CENTER DRIVE SUITE 210 CITY/ST/ZIP/CO: RESTON, VA 20190 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: DAVID K CHOW MD TITLE: DIRECTOR ADDRESS: 1830 TOWN CENTER DRIVE SUITE 210 CITY/ST/ZIP/CO: RESTON, VA 20190 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: DAVID K CHOW MD TITLE: DIRECTOR ADDRESS: 1830 TOWN CENTER DRIVE SUITE 210 CITY/ST/ZIP/CO: RESTON, VA 20190 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | | | |

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| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | BRENDA J DINTIMAN MD DIRECTOR 3700 JOSEPH SIEWICK DRIVE SUITE 403 FAIRFAX, VA 22033 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | ANNE ROSE EAPEN MD DIRECTOR 1860 TOWN CENTER DRIVE SUITE 255 RESTON, VA 20190 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | MICHAEL FIELDS MD DIRECTOR 2730-A PROSPERITY AVENUE FAIRFAX, VA 22031 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | JIM JENKINS MD DIRECTOR 115 PARK STREET SUITE 300 VIENNA, VA 22180 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | BRIAN MCCONNELL MD DIRECTOR 3300 GALLOWS ROAD FALLS CHURCH, VA 22042 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | LINDA H MOSELY MD DIRECTOR 6355 WALKER LANE #409 ALEXANDRIA, VA 22310 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | EDNAN MUSHTAQ MD DIRECTOR 6845 ELM STREET SUITE 303 MCLEAN, VA 22101 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | MICHELLE ROESER MD DIRECTOR 6231 LEESBURG PIKE SUITE 500 FALLS CHURCH, VA 22044 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | J. JOHN WOO MD DIRECTOR 8233 OLD COURTHOUSE ROAD SUITE 300 VIENNA, VA 22182 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT. | | | |
| /s/ NANCY TANCHEL MD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | | NANCY TANCHEL MD, PRESIDENT PRINTED NAME AND CORPORATE TITLE | |
| | | 11/13/2014 DATE | |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. | | | |